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## **NORTHWEST REGIONAL MENTAL HEALTH BOARD, INC.**

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Central Naugatuck Valley Catchment Area Council #20  
Housatonic Mental Health Catchment Area Council #21  
Northwest Mental Health Catchment Area Council #22

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### **Testimony for the Judiciary Committee Regarding Raised SB 452 AAC the Care and Treatment of Persons with Psychiatric Disabilities**

**by Janine Sullivan-Wiley, Executive Director,  
for the Northwest Regional Mental Health Board**

Thank you, Senator Coleman, Rep. Fox, and all members of the committee. I particularly would like to greet those legislators on this committee who serve our towns: **Senators McLachlan and Roraback, and Representatives Berger, Godfrey, Adinolfi, Hovey, Labriola, and O'Neill.** This testimony is from your constituents.

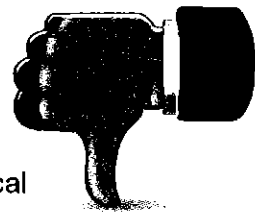
This testimony represents the position of the Northwest Regional Mental Health Board, a statutorily- mandated, grassroots constituency representing the 43 towns of Northwest Connecticut. **It incorporates the comments of our stakeholders and members who have met in several venues to consider this bill and its implications.**

First, some background on who we are: The Northwest Regional Mental Health Board was established by state statute in 1975 and we have served as a trusted community resource since then. Our responsibilities include evaluation of publically funded mental health services (we evaluate over 20 programs every year), assessment of unmet needs, and planning for services that are needed. The Northwest Regional Mental Health Board, Inc. does this with minimal resources and limited staff through the diligent work of a very large group of volunteers who represent all stakeholders: people in recovery, family members, general citizens and providers.

After careful consideration, we are very concerned about the provisions in this bill and **we ask that you please vote no on this bill.**

Some of the reasons for our concern are captured in the points of view and comments below:

- At the very least, the change from requiring two doctors to only one for an involuntary commitment represents a loss of expertise that would be of concern in any such serious, life-changing medical decision
- SB 452 allows involuntary medication regardless of a determination of incompetence to make a decision. It permits forced medication when there is no behavioral reason (such as dangerousness). This could mean that a person could have forced medication against their will regardless of their needs or condition at that time. This could go back to the days when a person could be committed because they are an inconvenience to someone else. That seems both unethical and un-American!



- SB 452 directs police and/or state police to take the "patient" to a hospital, outpatient facility or nursing home for administration of involuntary medication. This will negatively impact the trust, relationships and supports that are essential to effective treatment and long-term recovery.
- There is not even consensus among providers that forced medication will work; the approach outlined in this bill may cause more problems than it solves.
- A better approach to helping a person handle any illness is teaching. Advanced Directives and WRAP (Wellness and Recovery Action Plans) are person-directed and effective mechanisms to address any individual's management of a long-term or potentially relapsing illness.

The Northwest Regional Mental Health Board includes three Catchment Area Councils for our local communities and a Consumer Action Group. The latter is a forum for people in recovery from mental illness from across the region. During their most recent meeting that group discussed this bill and some of the comments of participants are as follows:

- "This bill does not respect the rights of individuals. Meds are a *choice*. It's *my life!* I take medication because I am suicidal – I have tried to take my own life. I *choose* to take the meds because I don't want to die."
- "Forced medication causes hurt, anger and resentment – and that lasts a long time."
- "It's better to educate – to get people to the understanding that the meds help."
- "Respect the side effects that are experienced, and help people find the medication or treatment that works without [horrible] side effects. Respect the consumer's experience of the meds and interactions, and their [medical] impact on other health aspects (such as liver and metabolism)."
- "Use support and outreach early on so people *stay* stable or get treatment. [Such as] wellness checks."
- "You can always use an emergency certificate if the person is a danger to themselves or others."
- "In other situations, such as theft, you don't arrest someone because something *might* happen!"
- "Peer support and outreach works! And that's from someone who has 'been there and done that.' It is good for the peer doing the outreach, too."
- "This moves things backwards in the culture of recovery, to a police state. It's better to establish relationships, connect, give hope and support."
- "This does not treat illness fairly:  
In diabetes, treatment is not forced.  
For heart disease, treatment is not forced.  
For high blood pressure, treatment is not forced."
- "Coercion does not result in wellness – taking responsibility for your own health does. It is a process."

Members of the Regional Board, our Councils and committees understand the challenges faced by people with mental illness and their families. There is and should always be careful consideration of how treatment and rights are addressed.

SB 452 bill would not only deprive people of a process in treatment that is afforded all other illnesses, it has the potential to cause pain, suffering and trauma. That is not good health care, and not good policy. There are better ways to address the issues it addresses. We therefore urge you to stop this bill now.

Thank you for your time and consideration.